

10/99

FORM PTO-1449  
(REV. 7-85)

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

**INFORMATION DISCLOSURE CITATION**

(Use several sheets if necessary)

ATTY. DOCKET NO.  
4-20624/A/PCT  
APPLICATION NO.  
09/051,827  
APPLICANT  
ZIMMERMANN ET AL.  
35 USC 371 DATE  
MAY 1, 1998

Group

**U.S. PATENT DOCUMENTS**

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
AB	AA	4,853,386	8/1/89	Friebe et al	514	266	
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

**FOREIGN PATENT DOCUMENTS**

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES NO	
AB	AM	212 535	3/4/87	Europe			<input type="checkbox"/>	<input type="checkbox"/>
AB	AN	WO 90/09178	8/23/90	PCT			<input type="checkbox"/>	<input type="checkbox"/>
AB	AO	WO 97/20842	6/12/97	PCT (incl.Eng.abstracts)			<input type="checkbox"/>	<input type="checkbox"/>
AB	AP	WO 98/16528	4/23/98	PCT			<input type="checkbox"/>	<input type="checkbox"/>
AB	AQ	WO 98/05335	2/12/98	PCT			<input type="checkbox"/>	<input type="checkbox"/>

**OTHER DOCUMENTS** (Including Author, Title, Date, Pertinent pages, Etc.)

AB	AR	Bioorganic & Med. Chem. Letters, Vol. 7, No. 21, pgs. 2697-2702 (1997).
	AS	
	AT	

EXAMINER

*MB*

DATE CONSIDERED

3-27-00

\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

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		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
MB MB MB	AA	WO 97 35539	10/2/97	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AB	773 023 A1	5/14/97	Europe			<input type="checkbox"/>	<input type="checkbox"/>
	AC	WO 98 07725	2/26/98	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AD						<input type="checkbox"/>	<input type="checkbox"/>
	AE						<input type="checkbox"/>	<input type="checkbox"/>
	AF						<input type="checkbox"/>	<input type="checkbox"/>
	AG						<input type="checkbox"/>	<input type="checkbox"/>
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	AK						<input type="checkbox"/>	<input type="checkbox"/>
	AL						<input type="checkbox"/>	<input type="checkbox"/>
	AM						<input type="checkbox"/>	<input type="checkbox"/>
	AN						<input type="checkbox"/>	<input type="checkbox"/>
	AO						<input type="checkbox"/>	<input type="checkbox"/>
	AP						<input type="checkbox"/>	<input type="checkbox"/>
	AQ						<input type="checkbox"/>	<input type="checkbox"/>
	AR						<input type="checkbox"/>	<input type="checkbox"/>
	AS						<input type="checkbox"/>	<input type="checkbox"/>
	AT						<input type="checkbox"/>	<input type="checkbox"/>
	AU						<input type="checkbox"/>	<input type="checkbox"/>
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	AY						<input type="checkbox"/>	<input type="checkbox"/>
	AZ						<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER

*M. M. B.*

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